Voter Registration Status Verified

| ALL INFORMATION IS <u>REQUIRED</u> TO BE PROVIDED UNLESS   | p A  |                          |                      |                                       |                        |  |
|--|--|--------------------------|----------------------|---------------------------------------|------------------------|--|
| APPLICATION FOR A PLACE ON THE   | May  | 2, 2020                  | GENER                | AL ELECTIO                            | N BALLOT               |  |
| TO: City Secretary/Secretary of Board  |  | •                        |                      |                                       |                        |  |
| the state of the s | .ec:: .  | ;                        | ::                   |                                       |                        |  |
| I request that my name be placed on the above-named of OFFICE SOUGHT (Include any place number or other dist   |  |                          |                      | CATE TERM                             |                        |  |
| OFFICE SOUGHT (include any place number of other disc  | inguistiing tiuti  | iber, ir arry.)          |                      | •                                     |                        |  |
| Mayor  |  |                          |                      | FULL                                  |                        |  |
|  |  | T                        |                      | UNEXPIRED                             |                        |  |
| FULL NAME (First, Middle, Last)  | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> |                          |                      |                                       |                        |  |
| James Corbin VAN ARSI  | Corbin VAN ARSDALE   |                          |                      |                                       |                        |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O  |  | PUBLIC MAILING AD        |                      |                                       |                        |  |
| Route. If you do not have a residence address, describe  |  | TODEIC MAILING AD        | Dite55 (Campaign     | manning addre                         | 55, ii avanabie.,      |  |
| at which you receive personal mail and location of reside  |  | DA D                     | 410                  |                                       |                        |  |
| 1506 Parke Bluff Bend  |  | PO BOX                   | 70                   |                                       |                        |  |
| 1500 PAPRE DIUTT DINA  |  |                          |                      |                                       |                        |  |
|  |  |                          |                      |                                       |                        |  |
|  |  |                          |                      |                                       |                        |  |
| CITY STATE Z   | ZIP  | CITY                     |                      | STATE                                 | ZIP                    |  |
|  | 78613  | Cedar Pa                 | a L                  | TV                                    |                        |  |
| Cedar Park TX  | 10015  | Course 10                | 12.01                | IX                                    | 78630                  |  |
|  | ION (Do not lea  |                          | BIRTH                |                                       | ISTRATION VUID         |  |
|  | nt & Gene  | imal 12                  | 12.10                | NUMBER (C                             |                        |  |
| gmail-com Cours  | el busines   | s assa (2)               | 17/69                | 112 52                                | 0710                   |  |
| TELEPHONE CONTACT INFORMATION (Optional)   | LENGT  | H OF CONTINUOUS RE       |                      |                                       |                        |  |
| Home:  |  | IN STATE                 |                      | IN TERRITORY FROM WHICH THE           |                        |  |
| Work: 512-964-1633   |  | 211                      | OFI                  | OFFICE SOUGHT IS ELECTED <sup>3</sup> |                        |  |
|  |  | <b>34</b> year (s)       |                      | Vear (s)                              |                        |  |
| Cell:  |  |                          |                      | <b>A</b> 11/2                         |                        |  |
|  |  | month(s)                 |                      | mont                                  |                        |  |
| If using a nickname as part of your name to appear on the  |  |                          |                      |                                       |                        |  |
| that my nickname does not constitute a slogan nor doe<br>commonly known by this nickname for at least three year   |  |                          | cial, of religious v | new or arribat                        | ion. Thave been        |  |
| commonly known by this makhama for at least times year   | is prior to this t   | 0 11                     |                      | / n                                   |                        |  |
| Before me, the undersigned authority, on this day person   | ally appeared  | name) Corbin             | Van Ars              | dele_v                                | vho being by me        |  |
| here and now duly sworn, upon oath says:   |  |                          | •                    |                                       |                        |  |
| "I, (name) Corbin Van Arsdele  |  | Willian                  | m. Fam               | _                                     |                        |  |
|  | , of   |                          |                      |                                       | Texas, being a         |  |
| candidate for the office of  | zen of the Unit  |                          | vill support and de  |                                       |                        |  |
| this state. I have not been finally convicted of a felony fo   |  |                          |                      |                                       | -0. Test               |  |
| official action. I have not been determined by a final judg  |  |                          | 6 252                |                                       |                        |  |
| partially mentally incapacitated without the right to vote.  | I am aware of  | the nepotism law, Cha    | pter 573, Governr    | nent Code.                            |                        |  |
|  |  |                          |                      |                                       |                        |  |
| I further swear that the foregoing statements included in  | my application   | are in all things true a | nd correct."         |                                       |                        |  |
|  | Y  | (                        | 1 A -11              | 1                                     |                        |  |
|  | <b>1</b>   | min V                    | h Wall               | (                                     |                        |  |
|  |  |                          | TURE OF CANDIDA      | ATE                                   |                        |  |
| Sworn to and subscribed before me at   | $^{\prime\prime}$ , this the $_{.}$                            | day of 04                | n, 2020              | ANITE:                                | CFA!                   |  |
|  | N:   |                          | ä                    | A PUBLISHED                           | EANN M. QUINN          |  |
| Delmin 1-  | C  | Ly Sec.                  |                      | * *                                   | My Notary ID # 1169243 |  |
| Signature of Officer Administering Oath <sup>4</sup>   | Title of   | Officer Administering    | Oath                 | OF THE                                | Expires July 30, 2023  |  |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF  |  |                          |                      |                                       | -                      |  |
| (See Section 1.007)  | 5/20   | De                       | win.                 | <u>e</u>                              |                        |  |
| Date Receiv  | ved  | Signature o              | of Secretary         | 7.5                                   | 20 JAN 15 PH 1:        |  |